Proctor Application and Qualifications Form

Program candidates must identify and secure a qualified individual to serve as Proctor and oversee the examination process ensuring the highest level of integrity and honesty is maintained throughout this process.

Please complete the Proctor Information below:

This form may be printed and when completed mailed: Or fax to: (239) 430-0533

International Foundation for Protection Officers
1076 - 6th Avenue, North Naples, FL 34102

Name: ____________________________
Position/Title: ____________________________
Agency / Organization: ____________________________
Business Address: ____________________________
City/Town: ____________________________
State: ____________________________ Zip/Postal: ____________________________
Country: ____________________________
Business Phone: ____________________________ Extension: ____________________________
E-mail: ____________________________ Business Fax: ____________________________
Relationship to Student: ____________________________
Candidate's Name: ____________________________
Candidate's E-mail: ____________________________ Candidates Phone: ____________________________

Exam delivery method:  
☐ Electronic  ☐ Paper/Pencil

To qualify as a proctor, the individual must meet one of the criteria listed below. Please select only one.

☐ Supervisor
☐ General Manager
☐ President / Vice-president / Officer
☐ Certified Security Trainer
☐ Military Testing Site
☐ Military Educational Office
☐ Law Enforcement Officer
☐ Certified Protection Professional
☐ Certified Protection Officer
☐ Certified Fraud Examiner
☐ Human Resource Office
☐ Corporate Instructor
☐ Staff Development Officer
☐ Member of the Clergy
☐ Librarian
☐ Member of a recognized Policing Organization
☐ Official Learning / Tutoring Center
☐ Dean, Academic Department Head, or Official Testing testing service of an Accredited University or College
☐ Service of an Accredited University or College
☐ Member of a Professional Security Association
☐ Loss Prevention Certified (LPC)
☐ University/College Faculty Member

☐ Other (specify) Requires Permission

Print Form  Submit Form  Reset Form